



## Leeds Grenville ByName List Intake Form

Application	
<input type="checkbox"/> New addition to the BNL	<input type="checkbox"/> Updates Only
Date Added:	Date of Last Contact:
<input type="checkbox"/> * I confirm that I have written and/or provide verbal consent to disclose the information contained in this form with a variety of community stakeholders as it pertains to the Leeds Grenville By Names List administered and managed by the United Counties of Leeds and Grenville.	
<input type="checkbox"/> I withdraw my consent to disclose information contained in the Leeds Grenville By Names Prioritized List administered and managed by the United Counties of Leeds and Grenville.	

Note: Required fields have an \*. If update is selected, only complete the fields that have changed.

Applicant		
Unique Identifier:	If unknown, enter N/A	
*First Name:	*Last Name:	
Preferred Name:	Preferred Language:	
Street:	City:	Prov:
Phone Number:	Email:	
Preferred contact method:	Gender Identity:	Preferred Pronouns:
*Date of Birth:	Age:	<input type="checkbox"/> Unsure <input type="checkbox"/> Declined
Last seen / Known go to spot:		

Alternate Contact Information	
First Name:	Last Name:
Phone Number:	
<input type="checkbox"/> (Check if Yes). Do we have your permission to speak to this person regarding you and the personal and confidential information in this form?	

Partner/Spouse	
First Name:	Last Name:
Preferred Name:	Preferred Pronouns:
Date of Birth:	Age: <input type="checkbox"/> Unsure <input type="checkbox"/> Declined
Would you like to access supports and services with your partner?	

Additional Information <small>Household Type options: Adult, Adult with Partner, Youth (16-24), Family (children under 18)</small>		
*Household Type:	Children in Household?	Number of Children in Household?
Expecting?	Veteran?	Pets?
*Indigenous Status Identified?	Indigenous Services Requested?	
Race / Ethnicity?	Sexual Identity?	

Housing History
<p>* Institution being released from:</p> <p> <input type="checkbox"/> Not Applicable              <input type="checkbox"/> Correctional Facility              <input type="checkbox"/> Child Welfare System              <input type="checkbox"/> Healthcare Facility<sup>1</sup> </p> <p><sup>1</sup>Healthcare Facility is any in-patient healthcare facility (including mental health and addictions)</p>
<p>*Current Sleeping Arrangements:</p> <p> <input type="checkbox"/> Couch Surfing              <input type="checkbox"/> Hotel/Motel              <input type="checkbox"/> Permanent and/or long-term housing  <input type="checkbox"/> Public institution: correctional facilities              <input type="checkbox"/> Public institution: hospital and/or treatment program  <input type="checkbox"/> Shelter              <input type="checkbox"/> Transitional housing              <input type="checkbox"/> Unsheltered: Public Space  <input type="checkbox"/> Unsheltered: Encampment              <input type="checkbox"/> Unsheltered: Vehicle  <input type="checkbox"/> Declined              <input type="checkbox"/> Not filled         </p>
<p>*Community Currently Residing in/Connected to? _____</p> <p>*Which community do you consider to be your home / did you come from?</p> <p> <input type="checkbox"/> Township of Athens              <input type="checkbox"/> Municipality of North Grenville  <input type="checkbox"/> Township of Augusta              <input type="checkbox"/> Township of Rideau Lakes  <input type="checkbox"/> Township of Edwardsburgh Cardinal              <input type="checkbox"/> Village of Westport  <input type="checkbox"/> Township of Elizabethtown-Kitley              <input type="checkbox"/> City of Brockville  <input type="checkbox"/> Township of Front of Yonge              <input type="checkbox"/> Town of Gananoque  <input type="checkbox"/> Township of Leeds and the Thousand              <input type="checkbox"/> Town of Prescott  <input type="checkbox"/> Village of Merrickville-Wolford              <input type="checkbox"/> Out of County: _____         </p>
<p>*Number of months experiencing homelessness in past <b>year (12 months total)</b>: _____</p>
<p>*Number of months experiencing homelessness in past <b>3 year (36 months total)</b>: _____</p>
<p>Additional Comments:</p>

* Source of Income
<p> <input type="checkbox"/> Child Benefit              <input type="checkbox"/> CPP              <input type="checkbox"/> Employed: P/T              <input type="checkbox"/> Employed: F/T  <input type="checkbox"/> Employed: Casual    <input type="checkbox"/> Employment Insurance    <input type="checkbox"/> GIS    <input type="checkbox"/> Long Term Disability  <input type="checkbox"/> OAS    <input type="checkbox"/> OW    <input type="checkbox"/> ODSP    <input type="checkbox"/> OSAP  <input type="checkbox"/> CPP    <input type="checkbox"/> OAS    <input type="checkbox"/> GIS    <input type="checkbox"/> Employed  <input type="checkbox"/> Self-employment    <input type="checkbox"/> Seniors Benefit    <input type="checkbox"/> Veteran Pension    <input type="checkbox"/> WSIB  <input type="checkbox"/> No income    <input type="checkbox"/> Other         </p>
<p>If "other" selected, specify:</p>

Services Requested
<p> <input type="checkbox"/> Housing              <input type="checkbox"/> Mental Health              <input type="checkbox"/> Addictions              <input type="checkbox"/> Financial Aid  <input type="checkbox"/> Legal    <input type="checkbox"/> Health care    <input type="checkbox"/> Counselling    <input type="checkbox"/> Dentistry  <input type="checkbox"/> Employment    <input type="checkbox"/> Life Skills    <input type="checkbox"/> Case Management    <input type="checkbox"/> Trusteeship  <input type="checkbox"/> Other: _____    <input type="checkbox"/> Agency: _____         </p>
<p>Additional Comments:</p>

Financial Supports Requested	
<input type="checkbox"/> Homelessness Prevention Benefit	<input type="checkbox"/> OW Discretionary Funding
<input type="checkbox"/> The BNL Housing Support Program	<input type="checkbox"/> Investment in Affordable Housing (IAH) Program
<input type="checkbox"/> Ontario Priorities Housing Initiative (OPHI)	<input type="checkbox"/> Canada-Ontario Housing Benefit (COHB)
Additional Comments:	

Assessment	
<b>*Please indicate the individual or family's current homelessness status:</b>	
<input type="checkbox"/> <b>Chronic homelessness</b> – if they are currently homeless and have been homeless for six months or more in the past year (i.e., have spent more than 180 cumulative nights in a shelter or place not fit for human habitation).	
<input type="checkbox"/> <b>Episodic homelessness</b> – currently homeless and have experienced three or more episodes of homelessness in the past year, due to complex issues such as addictions, disability or family violence.	
<input type="checkbox"/> <b>Transitional homelessness</b> – Homeless for the first time OR <2 episodes of homelessness in the past 3 years, generally due to economic or housing challenges, requiring minimal and one-time assistance.	
<input type="checkbox"/> <b>None of the above</b> , please specify: _____	
<b>*In the past year (12 months) have you:</b>	
a. Been to an emergency room?	Y_ <input type="checkbox"/> _ N_ <input type="checkbox"/> _ Refused_ <input type="checkbox"/> _
b. Been hospitalized?	Y_ <input type="checkbox"/> _ N_ <input type="checkbox"/> _ Refused_ <input type="checkbox"/> _
c. Interacted with police (tickets, arrest, searches)	Y_ <input type="checkbox"/> _ N_ <input type="checkbox"/> _ Refused_ <input type="checkbox"/> _
d. Been to prison / jail	Y_ <input type="checkbox"/> _ N_ <input type="checkbox"/> _ Refused_ <input type="checkbox"/> _
e. Interacted with crisis services, including: ~ Sexual assault crisis, mental health crisis, family / Intimate violence, distress centers and Suicide prevention hotlines	Y_ <input type="checkbox"/> _ N_ <input type="checkbox"/> _ Refused_ <input type="checkbox"/> _
<b>*Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:</b>	
a. A mental health issue or concern?	Y_ <input type="checkbox"/> _ N_ <input type="checkbox"/> _ Refused_ <input type="checkbox"/> _
b. Substance abuse?	Y_ <input type="checkbox"/> _ N_ <input type="checkbox"/> _ Refused_ <input type="checkbox"/> _
c. A past head injury?	Y_ <input type="checkbox"/> _ N_ <input type="checkbox"/> _ Refused_ <input type="checkbox"/> _
d. A learning disability, developmental disability, or other impairment?	Y_ <input type="checkbox"/> _ N_ <input type="checkbox"/> _ Refused_ <input type="checkbox"/> _
e. A physical disability?	Y_ <input type="checkbox"/> _ N_ <input type="checkbox"/> _ Refused_ <input type="checkbox"/> _
f. Relationship breakdown	Y_ <input type="checkbox"/> _ N_ <input type="checkbox"/> _ Refused_ <input type="checkbox"/> _
<b>*Please indicate whether the following variables are a factor:</b>	
<input type="checkbox"/> <b>Fleeing Abuse</b> – Have recently fled an abusive housing circumstance and do not feel safe to return. <i>(abuse includes physical, sexual, psychological abuse)</i>	
<input type="checkbox"/> <b>Family separation</b> – Current homelessness circumstances have separated family members. <i>(Immediate family members only)</i>	

**What challenges or problems have you experienced when trying to find housing?** (select all that apply)

- |                                                     |                                                      |                                                 |
|-----------------------------------------------------|------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Low income                 | <input type="checkbox"/> Mental Health issues        | <input type="checkbox"/> Accessibility Needs    |
| <input type="checkbox"/> No income assistance       | <input type="checkbox"/> Addiction                   | <input type="checkbox"/> Discrimination         |
| <input type="checkbox"/> Rents too high             | <input type="checkbox"/> Family breakdown / conflict | <input type="checkbox"/> Don't want housing     |
| <input type="checkbox"/> Poor housing conditions    | <input type="checkbox"/> Criminal history            | <input type="checkbox"/> No barriers to housing |
| <input type="checkbox"/> Domestic violence          | <input type="checkbox"/> Pets                        | <input type="checkbox"/> Decline to answer      |
| <input type="checkbox"/> Health / disability issues | <input type="checkbox"/> Children                    | <input type="checkbox"/> Other:                 |
| <input type="checkbox"/> Bad credit                 |                                                      |                                                 |

**Additional Comments:**

### Agency Match/Housing Updates/Other Information

\*Agency referred by: \_\_\_\_\_

\*Name of the staff submitting the form: \_\_\_\_\_

Match request: Name of the staff/agency with established relationship: \_\_\_\_\_

- Current process bucket:**
1. Assessment & preparation
  2. Matched to resources
  3. Navigate – Housing Search

**1. Assessment & Preparation**

Date assessment completed \_\_\_\_\_  
 Date document ready \_\_\_\_\_

**2. Matched to resources**

Case management assigned date \_\_ - \_\_\_\_\_  
 Unit assigned date - \_\_\_\_\_  
 Subsidy assigned date - \_\_\_\_\_  
 Date service refused - \_\_\_\_\_

**3. Navigate - Housing Search**

Target move in date \_\_ \_\_\_\_\_  
 Date search began \_\_ \_\_\_\_\_  
 Date housed \_\_ \_\_\_\_\_

**Returned from Housing**

Date returned from \_\_ \_\_\_\_\_  
 Housing  
 # of times returned from housing - \_\_\_\_\_

**Other**

Date Left community \_\_ \_\_\_\_\_  
 Date Deceased - \_\_\_\_\_

**Additional Comments:**



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